expectancy, reducing infant mortality and deaths due to malaria, India has a long way to go in reaching the levels of developed nations in health indicators. The thrust under the National Rural Health Mission is likely to improve the above health indicators further.

RCH programme Phase-I and II

3729. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the objectives of Reproductive and Child Health (RCH) programme Phase-I and Phase-II and how far have they been achieved;

(b) whether NRHM aims to provide rural healthcare services through creation of a cadre of ASHA, usually a local matriculate, getting a monthly pittance only and is a dissatisfied cadre;

(c) whether any survey/feedback has been undertaken to assess utility of ASHA and satisfaction level of villages with their performance;

(d) if so, details thereof; and

(e) the present status of ASHA in Rajasthan, how many have been appointed, how many villages covered, how much budget has been sanctioned etc.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Phase-I of Reproductive and Child health (RCH-I) was launched in the year 1997 with the overall objective of reducing infant, child and maternal mortality.

The second phase of RCH programme (RCH-II) was launched in April 2005 for a period of five years. The main objective of the programme is to bring about a reduction in mainly three critical health indicators, namely, Infant Mortality Rate (IMR), Maternal Mortality Ration (MMR) and Total Fertility Rate (TFR). The overall progress achieved on these goals is as follows:

Indicator	RCH-II Goals (2005-10)	Current Status
Infant Mortality Rate (IMR)	<30/1000	55/1000 (SRS 2007)
Maternal Mortality Ratio (MMR)	<100/100000	254/100000 (SRS 2004-06)
Total Fertility Rate (TFR)	<2.1	2.7(SRS 2007)

(b) ASHAs do not constitute a cadre of regular healthcare employees. National Rural Health Mission aims to provide accessible and affordable healthcare services to the poor and vulnerable sections of the population, through up-gradation of infrastructure, up-gradation of skills, hiring of contractual manpower including doctors, Auxiliary Nurse Mid-wives (ANMs) etc. The Mission aims at bridging the gap in Rural health Care Services through ASHAs, who is an

Accredited Social Health Activist in the community. She creates awareness on health and mobilizes the community towards local health planning, promotes good a health practices and provides a minimum package of curatie care and make timely referrals. She is a woman volunteer with minimum education up to eighth class and is compensated through performance based payment mechanism built into the programme.

(c) and (d) Yes. Common Review Mission I and II under NRHM and Joint Review Missions and Mid-Term review under RCH-II component of NRHM have been undertaken. The Reviews indicate that people in the villages find that ASHAs are playing a useful role in fulfilling their health care needs.

(e) ASHA sahyogini has been playing a vital role in improving the health status of vulnerable section of population in Rajasthan. Presently there are 42496 ASHA sahyogini in 31988 revenue villages. Total budget sanctioned for ASHA component for the year 2009-10 is Rs.41 crores.

National Urban Health Mission

3730. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to launch National Urban Health Mission;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) A proposal in this regard is under consideration. After due deliberations, a decision will be taken in this regard.

Bio-medical waste treatment

3731. SHRI SANTOSH BAGRODIA:
DR. E.M. SUDARSANA NATCHIAPPAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has issued guidelines for disposal of bio-medical waste of health care facilities and if so, the details thereof;

(b) whether such guidelines provide for common bio-medical waste treatment facilities in close vicinity and if so, the details thereof;

(c) how many such common treatment facilities have been established in the country; and

(d) what are the major constraints insetting up such common treatment facilities?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) National Guidelines on Hospital Waste Management were prepared and circulated to States and Union Territories by the Ministry of Health and Family Welfare in March, 2002. These guidelines have been prepared to enable hospitals to implement the Bio-Medical (Management